

Transfer of Medical Records

CAPRICORN OBESITY
& GENERAL SURGERY

Surgical excellence with compassion



I,

[YOUR FULL NAME]

give my consent for my medical records to be released to *Capricorn Obesity & General Surgery, Suite 3, Mater Medical Centre, Jesse Street, Rockhampton Qld 4700*, for,

[PURPOSE FOR MEDICAL RECORD REQUEST]

Patient Details

Patient's Name / Surname

DOB / /

Patient's Address

Patient's Address

Suburb / State / Postcode

Patient's previous clinic or GP

Clinic Name

Phone / Fax

Release details

Please include the following Investigation reports All existing records

I authorise for this release to be Electronically sent to the requesting practice Sent by mail to the requesting practice

I authorise for my records to be released to other relevant medical practices by Capricorn Obesity & General Surgery

Authorisation

Patient Signature / Date / /

Office use only

Signature of practice representative / Date Copy sent / /

Suite 3, Mater Medical Centre
Jesse Street,
Rockhampton Qld 4700

Provider Number 413075Y

T. 07 4922 8426
F. 07 4922 8341
E. admin@andrewrussell.com.au

www.capricornobesitysurgery.com.au